

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 APR -2 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002805

1. Corporation Name

International Cybernetics Consulting, Inc.

Principal Place of Business

Mailing Address

300 Three Islands Blvd #510
Hallandale, FL 33009

900002481569--9
-04/07/98--01081--028
****900.00 ****900.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		June 4, 1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0657183	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Gustavo A. Velez	300 Three Islands Blvd #510	Hallandale, FL 33009
Vice President	Martha A. Velez	300 Three Islands Blvd #510	Hallandale, FL 33009
Secretary	Myriam Velez	400 Leslie Drive Apt. 317	Hallandale, FL 33009

REINSTATEMENT 97-98
760
4/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Santiago Andres Angulo		Name 300 Santiago Andres Angulo	
		Street Address (P.O. Box Number is Not Acceptable) 300 Three Islands Blvd #510	
		Suite, Apt. #, Etc.	
		City Hallandale	State FL
		Zip Code 33009	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date
Sly Sly Sly		3-29-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-98 954-456-8704
Date Daytime Phone #

CR2E040 (1/98)